

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature X <i>[Signature]</i>	<input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee
<div style="background-color: black; color: white; padding: 5px;"> Gloria S. Alsing Leatrice M. Whitney 1007 S. Wellsley St. Visalia, CA 93277 </div>	B. Received by (Printed Name) <i>Gloria Alsing</i>	C. Date of Delivery <i>4-18-17</i>
	Address different from item 1? <input type="checkbox"/> Yes or delivery address below: <input checked="" type="checkbox"/> No	
	<input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery	
2. Article Number (Transfer from service label)	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes 7011 3500 0003 1848 1585	

PS Form 3811, July 2013

Domestic Return Receipt

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage)

For delivery information visit our website at www.usps.com

OFFICIAL

Postage \$ _____

Certified Fee \$ _____

Return Receipt (Endorsement) \$ _____

Registered Mail (Fee) \$ _____

Insurance (Fee) \$ _____

Postmark Here

003140
003235

7011 3500 0003 1848 1585

Gloria S. Alsing &
 Leatrice M. Whitney et al
 1007 S. Wellsley St.
 Visalia, CA 93277

3. _____
 Street, or PO box
 City, State, ZIP+4® _____

PS Form 3800, August 2006

See Reverse for Instructions